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Bib Data Sheet

CONFIRMATION NO. 2753

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|--|---|----------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 09/108,715 | FILING DATE 07/01/1998 RULE | CLASS 358 | GROUP ART UNIT 2624 | ATTORNEY DOCKET NO. 05058/72201 | |
| APPLICANTS KOICHI NAGATA, TOYOKAWA-SHI, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN 09-178115 07/03/1997 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/19/1999 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY JAPAN | SHEETS DRAWING 10 | TOTAL CLAIMS 14 | INDEPENDENT CLAIMS 3 |
| ADDRESS 24367 | | | | | |
| TITLE FACSIMILE APPARATUS WITH CONFIDENTIAL RECEPTION FUNCTION | | | | | |
| FILING FEE RECEIVED 950 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |

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|-----------------------------|-------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 09/108,715 | FILING DATE 07/01/98 | CLASS 358 | GROUP ART UNIT 2722 | ATTORNEY DOCKET NO. 05058/72201 |
|-----------------------------|-------------------------|--------------|------------------------|------------------------------------|

APPLICANT

KOICHI NAGATA, TOYOKAWA-SHI, JAPAN.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***

VERIFIED JAPAN 09-178115 07/03/97

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|--|--|-------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY JPX | SHEETS DRAWING 10 | TOTAL CLAIMS 14 | INDEPENDENT CLAIMS 3 |
| Verified and Acknowledged <u> </u> Examiner's Initials <u> </u> Initials <u> </u> | | | | | |

ADDRESS

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717 N HARWOOD
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DALLAS TX 75201-6507

TITLE

FACSIMILE APPARATUS WITH CONFIDENTIAL RECEPTION FUNCTION

| | | |
|----------------------------------|---|---|
| FILING FEE RECEIVED \$790 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ |
|----------------------------------|---|---|